



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

General Contractor Division

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov/index.php/licensing/plb/46

GENERAL CONTRACTOR LIMITED TIER QUALIFYING AGENT PRIOR APPROVAL APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

LICENSES REQUIRED

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Law, as well as the Board's rules for definitions.

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff.

SECTION 2: PRIOR APPROVAL ELIGIBILITY

A General Contractor Limited Tier Qualifying Agent license can only be obtained by prior approval if you currently or previously held a valid Georgia General Contractor Limited Tier Individual or General Contractor Limited Tier Qualifying Agent license. Applicants must list a valid license, which was issued in the applicant's name.

SECTION 3: QUALIFYING AGENT

Applicants must submit proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia. You may visit the Secretary of State, Corporations Division at www.sos.georgia.gov/corporations, to print a copy of your business organization's History page or Letter of Authority.

The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.

SECTION 4: CURRENT LICENSURE

Applicants must list each business organization for which you are currently licensed as a residential or general qualifying agent and provide the requested information regarding your affiliation.

SECTION 5: AFFILIATIONS

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. See O.C.G.A § 43-41-6(e)

SECTION 6: FINANCIAL RESPONSIBILITY

All questions must be answered. Submit additional documentation as requested in the application.

Applicants must obtain general liability insurance in a minimum amount of \$500,000 per occurrence and **submit a signed, current certificate of insurance with your application**. Your application will be considered incomplete until received. Binders, information pages, policies and declaration pages are not acceptable. Since you are applying as a qualifying agent, the business organization must be shown as the insured on the certificate. The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. If an applicant is required by state law to carry workers' compensation insurance, a certificate of insurance showing workers' compensation coverage must also be submitted.

SECTION 7: PERSONAL HISTORY

All questions must be answered. Submit additional documentation as requested in the application.

SECTION 8: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

All applicants are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See O.C.G.A. § 50-36-2.

GENERAL CONTRACTOR LIMITED TIER BASIC QUALIFYING AGENT PRIOR APPROVAL APPLICATION

••• APPLICATION CHECKLIST•••

Applications are valid for one (1) year from date of receipt.

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Please use this checklist to ensure that you submit a **COMPLETE** application. Do not submit this checklist or instruction pages with your application.

- ☐ Read the Board law and rules thoroughly before completing the application. They are available online at www.sos.ga.gov/index.php/licensing/plb/46. You are responsible for knowing the Board law and rules for your profession.
- ☐ Complete each question and each section of the application. Sign the application and have your signature notarized. All items on the application should be typed or printed.
- ☐ Letter of Authority from the Georgia Corporations Division for the business organization.
- ☐ Certificate of insurance.
 - The business organization must be shown as the insured.
 - Current dates of coverage and signed by the insurance agent/representative.
 - General liability insurance in a minimum amount of \$500,000 per occurrence.
 - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
- ☐ Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or other acceptable document.
 - OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed, such as a Permanent Resident Card (front and back)
- ☐ Non-refundable \$200.00 application fee by check or money order payable to State Licensing Board for Residential and General Contractors. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.
- ☐ Mail completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

**** KEEP A COPY OF YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS FOR YOUR RECORDS** - All original materials will be retained by our office and will not be returned to you.

NOTE: After reading the Board law, rules, and all other information listed above, if you have further questions, please contact the Board office at 404-424-9966.



STATE LICENSING BOARD FOR
RESIDENTIAL AND GENERAL CONTRACTORS
General Contractors Division
237 Coliseum Drive, Macon, GA 31217-3858
404-424-9966
www.sos.ga.gov/index.php/licensing/plb/46

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

GENERAL CONTRACTOR LIMITED TIER QUALIFYING AGENT PRIOR APPROVAL APPLICATION

Application Fee \$200.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type: ☒ Qualifying Agent

Obtained by: ☒ Prior Approval

SECTION 1: PERSONAL INFORMATION

1. Legal Name to

Appear on License:

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security*:

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Date of Birth:

M	M	D	D	Y	Y	Y	Y		

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT OR SUITE#

CITY

STATE

ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR PO BOX

APT OR SUITE#

CITY

STATE

ZIP

6. Daytime Phone#:

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Business or Cell
Phone#:

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7. Email Address: _____

SECTION 2: PRIOR APPROVAL ELIGIBILITY

☐ YES ☐ NO 1. Do you hold a current and valid Georgia General Contractor Limited Tier Individual or General Contractor Limited Tier Qualifying Agent license issued in your name? **If YES**, please list the license number: _____

☐ YES ☐ NO 2. Were you previously issued a Georgia General Contractor Limited Tier Individual or General Contractor Limited Tier Qualifying Agent license in your name that is not currently active? **If YES**, please list the license number: _____

SECTION 3: QUALIFYING AGENT

Applicant Name: _____

1. Name of Business Organization (exactly as registered with the Georgia Corporations Division): _____

2. Type: ☐ LLC ☐ LLP/LP ☐ Corporation (state of incorporation): _____☐ Partnership* ☐ Joint Venture* ☐ Other*: _____

*If the business organization is not an LLC, LLP/LP, or Corporation please submit official company formulation documentation proving the existence of such business organization

3. Physical Business Address: _____
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET SUITE#

CITY

STATE

ZIP

4. Federal ID # - 5. Business Phone # - -

6. Business Organization Email Address: _____

QUALIFYING AGENT AFFIDAVITI, _____, certify that I am the ☐ Owner or ☐ Partner or ☐ Officer
Printed Name of Owner/Partner/Officerfor the business organization identified above, and possess binding authority for the business organization and do hereby appoint the applicant to act as a qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia contractor's license. The applicant is affiliated with the business organization by ☐ Ownership (____%) or ☐ W2 Employment.**I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all construction matters, including contracts and contract performance and financial affairs related to such construction matters, for each construction job for which his or her license was used to obtain the building permit.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

Signature of Owner/Partner/Officer_____
Title

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20 ____

NOTARY PUBLIC

My Commission Expires:

The applicant may appoint himself or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.**O.C.G.A. §45-17-6 requires legible seals for notarized documents.**
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.**NOTARY SEAL**

SECTION 4: CURRENT LICENSURE**Applicant Name:**

Please list each business organization for which you are currently licensed as a residential or general qualifying agent and provide the requested information regarding your affiliation. (Please make additional copies of this page as needed)

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
1.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above listed business organization effective ____/____/____ and have submitted the Disaffiliation Form as required by the Board.					

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
2.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above listed business organization effective ____/____/____ and have submitted the Disaffiliation Form as required by the Board.					

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
3.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above listed business organization effective ____/____/____ and have submitted the Disaffiliation Form as required by the Board.					

Name of Business Organization	Company License #	Qualifying Agent License#	Employee	Owner (ownership %)	Position/ Job Title
4.					
Describe your role in the business organization and the capacity in which you serve.					
<input type="checkbox"/> I am no longer affiliated with the above listed business organization effective ____/____/____ and have submitted the Disaffiliation Form as required by the Board.					

SECTION 5: AFFILIATIONS

Applicant Name: _____

1. What is your Position/Job Title with the business organization for which you have applied? _____

2. Describe your role in the business organization and the capacity in which you serve.

- ☐ YES ☐ NO 3. Will you be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor, other than those listed in section 3 and 4? **If YES**, list your affiliations. ("Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.)

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner (please list ownership %)	Director	Partner (please list ownership %)	Member	Qualifying Agent

- ☐ YES ☐ NO 4. Do you hold any professional certifications? **If YES**, please list them.
- _____
- _____

SECTION 6: FINANCIAL RESPONSIBILITY

Applicant Name: _____

- ☐ YES ☐ NO 1. Do you affirm that the business organization has a minimum net worth of \$25,000?
- ☐ YES ☐ NO 2. Has the business organization paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?
If NO, submit a letter of explanation and supporting documentation.
- ☐ YES ☐ NO 3. Have you paid all judgments, taxes, student loans or child support payments as required by law?
If NO, submit a letter of explanation and supporting documentation.
- ☐ YES ☐ NO 4. Have you personally, as an individual, or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.
- ☐ YES ☐ NO 5. Have you submitted a letter of authority from the Corporations Division showing proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia?
- ☐ YES ☐ NO 6. Have you submitted a certificate of insurance documenting that the business organization currently carries general liability insurance in a minimum amount of \$500,000 per occurrence?
If NO, your application will be considered incomplete until received.
- ☐ YES ☐ NO 7. Does the business organization have less than 3 employees (which does not require workers compensation insurance by state law)?
If NO, submit a certificate of insurance documenting your workers' compensation coverage.

SECTION 7: PERSONAL HISTORY:

- ☐ YES ☐ NO 1. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)
If YES, you must submit the following:
a. Submit a letter of explanation for each offence.
b. Submit a certified copy of court documents showing arrest, dismissal or final court disposition - conviction/sentencing documents.
c. Submit a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.
- ☐ YES ☐ NO 2. Has any licensing board or agency in Georgia or any other state ever: a) Denied issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?
If YES, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

SECTION 8: APPLICANT AFFIDAVIT

Applicant Name: _____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. _____ I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC

My Commission Expires:

O.C.G.A. § 45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL